
2017 BENEFITS CHANGES

Changes will take effect in 2017; open enrollment begins Oct. 3.

2017 health plans for active employees

Three to two health plans

- Merge the current Basic and Medium plans into **a single PPO** option, called the **“GW PPO Plan”**. This plan’s value and benefit features are similar to those of the current Basic and Medium plans.
- **The HSA-qualified plan** (the “Health Savings Plan,” or “HSP”) will include changes to some plan features and an increase in the opportunity to earn GW-funded HSA match money.

The two new plans will assist employees in making informed decisions regarding their health benefits based on their individual and family needs.

Rational for the change

- The Basic and the Medium plans are very **comparable in terms of value**, but the **premiums** for the Medium plan were substantially **higher** than the Basic plan.
- Merging PPO plans does not result in significant cost savings for GW, but it rather **reduces risk associated with migration** and **aligns plans value with employee premiums**.

*Additional information about the 2017 benefits changes can be found in GWToday.
To view the story visit: go.gwu.edu/healthchange*

Comparison of current plans with 2017 plans

HSP compared with HDHP

- Employee contributions held at the 2016 HDHP level
- HSA match increases from \$300/\$600 (single/family) to \$600/\$1,200 (single/family)
- In-network deductible increases from \$1,500/\$3,000 (single/family) to \$2,000/\$4,000 (single/family)
- Family in-network out of pocket limit increases from \$6,850 to \$7,150

PPO compared with Basic

- Employee contributions increases 10% from 2016 level
- Addition of coverage for bariatric procedures and infertility (currently available only in the Medium plan)
- Primary care physician (PCP) copay will increase from \$25 to \$30; Specialist copay remains at \$50
- In-network deductible decreases from \$850/\$1,700 (single/family) to \$750/\$1,500 (single/family)
- Urgent care copay decreased from \$50 to \$30

PPO compared with Medium

- Contributions decreases 19% - 65% from 2016 level (depending on salary and tier of coverage)
- Primary care physician (PCP) copay will increase from \$25 to \$30; Specialist copay remains at \$50
- Urgent care copay decreased from \$50 to \$30 and emergency room will change to 80% coinsurance (member responsible for 20% of the cost after deductible)
- Rx out of pocket limit decreases from \$4,100/\$8,200 (single/family) to \$3,600/\$7,200 (single/family)
- Inpatient and outpatient services offered at 80% coinsurance (member responsible for 20% of the cost after deductible)
- In-network deductible increases from \$500/\$1,000 (single/family) to \$750/\$1,500 (single/family)
- Out of network deductible increases from \$750/\$1,500 (single/family) to \$2,000/\$4,000 (single/family)
- In-network out of pocket limit increases from \$2,500/\$5,000 (single/family) to \$3,000/\$6,000 (single/family)
- Out of network out of pocket limit increases from \$5,000/\$10,000 (single/family) to \$6,000/\$12,000 (single/family)

Comparison of current plans with 2017 plans

Blue indicates changes from 2016 HDHP to 2017 HSP and from 2016 Basic

Benefit	2016 Medical Plan Summaries [Individual / Family]			2017 Medical Plan Summaries	
	HDHP	Basic PPO	Medium PPO	HSP	GW PPO
Medical Deductible	\$1,500/\$3,000 (\$3,000/\$6,000)	\$850/\$1,700 (\$2,000/\$4,000)	\$500/\$1,000 (\$750/\$1,500)	\$2,000/\$4,000 (\$3,000/\$6,000)	\$750/\$1,500 (\$2,000/\$4,000)
Coinsurance	80% (60%)	80% (60%)	85% (60%)	80% (60%)	80% (60%)
Med OOP Limit*	\$4,000/\$6,850 (\$6,000/\$12,000)	\$3,000/\$6,000 (\$6,000/\$12,000)	\$2,500/\$5,000 (\$5,000/\$10,000)	\$4,000/ \$7,150 (\$6,000/\$12,000)	\$3,000/\$6,000 (\$6,000/\$12,000)
Office Visits (PCP/SCP)	80% after ded (60%)	\$25/\$50 copay (60%)	\$25/\$50 copay (60%)	80% after ded (60%)	\$30/\$50 copay (60%)
Inpatient Services	80% after ded (60%)	\$250 then 80% (60%)	\$250 then 85% (60%)	80% after ded (60%)	80% after ded (60%)
Outpatient Services	80% after ded (60%)	80% after ded (60%)	\$100 copay then 85% (60%)	80% after ded (60%)	80% after ded (60%)
Urgent Care	80% after ded (60%)	\$50 copay (60%)	\$50 copay	80% after ded (60%)	\$30 copay (60%)
Emergency Room	80% after ded	80% after ded	\$150 copay	80% after ded	80% after ded
Rx Out-of-Pocket Limit	<i>Combined with Medical</i>	\$3,600/\$7,200 (\$7,200/\$14,400)	\$4,100/\$8,200 (\$8,200/\$16,400)	<i>Combined with Medical</i>	\$3,600/\$7,200 (\$7,200/\$14,400)
Rx – Retail					
- Generic	80% after ded (60%)	10% / \$15 - \$30	10% / \$15 - \$30	80% after ded (60%)	10% / \$15 - \$30
- Brand Formulary	80% after ded (60%)	20% / \$30 - \$50	20% / \$30 - \$50	80% after ded (60%)	20% / \$30 - \$50
- Brand Non-Formulary	80% after ded (60%)	25% / \$60 - \$100	25% / \$60 - \$100	80% after ded (60%)	25% / \$60 - \$100
HSA match	Up to \$300/\$600	N/A	N/A	Up to \$600/\$1200	N/A
GW Share of Premium	83%	72%	61%	84%	71%
Aggregate Cost Share		67%/33%			73%/27%

* Out-of-pocket limit includes deductible

(\$ and % in parentheses describe out-of-network benefits)

Additional Changes for 2017

Castlight Health

- Beginning 1/2017 GW will offer Castlight a new web-based tool to help employees on GW's medical plans shop for, learn about, and manage their pharmacy and medical care. Additional information will be released during Open Enrollment.

Centers of Excellence for oncology and infertility

- Information about oncology and infertility centers of excellence will be shared with plan participants.

Incentivize Telemedicine

- Reduce copay for UHC Virtual Visits (telemedicine) from \$25 to \$10 for GW PPO Plan.
- Once HSP members meet their deductible their copay will be \$10.

Acupuncture

- Acupuncture will now be covered under both the HSP and PPO up to 20 visits per year combined in and out of network.

Healthcare FSA (HCFSA) for HSP

- Offer HSP members who do not meet eligibility for HSA (ex. those enrolled in Medicare) the opportunity to enroll in the Healthcare FSA.

Dental Coverage

- Aetna High and Low PPO plans will increase by \$1-\$3 per month.
- There will be no change to employee contributions for the Aetna DMO plan.

Transgender Medications

- Cover commonly used medications for gender reassignment. CVS Formulary change.

Retiree Healthcare

- Beginning next summer, retirees over age 65 will move to a private Medicare exchange. The exchange will replace the current UHC Blue 65 plan.
- Pre-65 retirees and dependents under age 65 will move to the HSP plan effective January 1, 2017.

Open Enrollment 2017

Annual Open Enrollment period will begin Oct. 3 and run for three weeks through Oct. 21. The new benefits will take effect Jan. 1, 2017

Open Enrollment Fairs:

Foggy Bottom in Grand Ballroom

Thursday, Oct 13, 2016 10am-3pm

Tuesday, Oct 18, 10am-3pm

Virginia Campus in Enterprise Hall

Tuesday, Oct 11, 10am-2pm

Flu shots will be offered at all fairs.

Benefits Briefing:

Mark your calendars for special Benefits Briefings on the benefits changes for 2017.

Foggy Bottom in Betts Theater

Tuesday, Sept 13, 12:30pm-1:30pm

Wednesday, Sept 21, 3-4pm

Virginia Campus in Exploration 101

Thursday, Sept 22, 12-1pm

A comprehensive guide with details of 2017 benefits offerings will be available in late-September.